

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017631

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4751

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

c. CITY OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

LITTLE SISTERS of the Poor

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3208 N. 19th

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

FRANK

F

FRIEL

4. DATE OF DEATH

Month

Day

Year

APRIL

30

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

OCT. 24 1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STATIONERY FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ANTHONY FRIEL

13b. MOTHER'S MAIDEN NAME

REBECCA HARRINGTON

14. NAME OF HUSBAND OR WIFE

ISABELLE FRIEL (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

56 FRANCIS FRIEL 4053 FLORA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis, Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

4 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Mo

21. I attended the deceased from

Jan 1963 to 4/30/63

and last saw him alive on 4/23/63

Death occurred at

8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BURIAL MAY 2 1963 CALVARY

MAY 1 1963

ST. LOUIS MO

Thomas Lutes 2906 Gravois

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300

Rev. 4/59

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| | | | |
|-------------------------|--|------------------|--|
| DATE OF BIRTH | | PLACE OF BIRTH | |
| SEX | | RACE | |
| EDUCATION | | OCCUPATION | |
| MARRIAGE | | RELIGION | |
| PREVIOUS MARRIAGES | | CAUSE OF DEATH | |
| DATE OF DEATH | | PLACE OF DEATH | |
| DATE OF BURIAL | | PLACE OF BURIAL | |
| NAME OF HUSBAND OR WIFE | | NAME OF DECEASED | |
| NAME OF NEXT OF KIN | | NAME OF EMBALMER | |
| ADDRESS | | CITY | |
| STATE | | COUNTY | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

See at Little Sisters

3-5

See at Little Sisters

J. A. Humphrey

4772

2906 Graves